

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/644418

FILING DATE

APPLICANT(S)

8/16/05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49				/		
50				/		
TOTAL IND.			4			
TOTAL DEP.			46			
TOTAL CLAIMS			50			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99		/										
100		/										
TOTAL IND.	0											
TOTAL DEP.	34											
TOTAL CLAIMS	34											